

Foster Family Home - Corrective Action Report

Provider ID: 1-200012

Home Name: Reina Lyn Sahagun, CNA

Review ID: 1-200012-1

94-527 Hiahia Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/13/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 5/12/20.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5) - CG # 1 needs proof of current auto insurance.

41.(b)(8) - No current Blood borne pathogen certification for CG #2.

David Ayling
Compliance Manager

Reina Lyn Sahagun
Primary Care Giver

4/13/2020
Date

4/13/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Reina Lyn Sahagun

CCFFH Address: 94-527 Hiahia Loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(5)	I have gotten current auto insurance and placed it in my CCFFH binder.	4/13/2020	I will keep a current file on all items listed on the table of contents from CTA for all SCGs and HHMs.
41.(b)(8)	I received a current copy of SCG #2's Blood Borne Pathogens Certificate. I put it in my my CCFFH binder.	4/13/2020	I will keep a current file on all items listed on the table of contents from CTA for all SCGs and HHMs.

Primary Caregiver's Signature: 

Print Name: REINA LYN SAHAGUN Date of Signature: 4/13/2020